

NOTICE OF ACTION EXCEPTION TO RULE

OFFICE	TELEPHONE NUMBER
CLIENT ID NUMBER	DATE

**PLEASE SEE SECTIONS CHECKED
FOR IMPORTANT INFORMATION.**

An exception to Department rule, WAC _____:

- ☐ 1. **Has been requested.** You will be advised of the approval or denial of this request.
- ☐ 2. **Has not been initiated.** The reason for not initiating this request is:
- ☐ WAC 388-440-0001. You are in the appropriate classification group, and your situation does not differ from the majority.
- ☐ Other based on WAC 388-440-0001.
- ☐ 3. **A request for an exception to rule has been:**
- ☐ 3a. **Approved:** Dates: _____ to _____.
- ☐ 3b. **Denied:** Because:
- ☐ WAC 388-440-0001. You are in the appropriate classification group, and situation does not differ from the majority
- ☐ Other based on WAC 388-440-0001.
- ☐ 4. The Exception to Rule has been terminated, effective: _____.

WORKER'S SIGNATURE

SUPERVISOR NAME

**SEE BACK OF THIS FORM FOR IMPORTANT INFORMATION ABOUT YOUR RIGHTS IF YOU DO NOT AGREE
WITH THIS DECISION.**

COMPLAINT PROCEDURE

- A. If you do not agree with the decision, you have the right to present your complaint in writing to the supervisor of your social worker or case manager.
- B. The supervisor will review the decision on your complaint and notify you in writing within ten (10) days of receipt of the complaint.
- C. If you are not satisfied with the decision of the supervisor, you have the right to present your complaint in writing to the HCS/DDD/Children's Administration Regional Administrator or Area Agency on Aging Director or designee.
- D. The HCS/DDD/Children's Administration Regional Administrator or Area Agency on Aging Director or designee will review the complaint, make a decision on the complaint and send you written notice of his/her decision within ten (10) days of receipt of the complaint. This notice terminates the complaint procedure.
- E. You do not have the right to a fair hearing over Exception to Rule decision, but will have continued benefits, pending the outcome of the hearing, if you are receiving benefits through an ETR and are requesting a fair hearing for benefits that are not provided through an ETR. If you do not prevail in the hearing, you may have an overpayment of sixty (60) days of the ETR benefits you are receiving that will be collected through the Office of Financial Recovery after the outcome of a fair hearing or through estate recovery. The exercise of the right to pursue a complaint will not in any way preclude the exercise of any rights you may otherwise have under Chapter 388-02 WAC.
- F. If administrative or judicial review is pending on the same issue, the Department may choose to respond to the complaint by informing you that the matter be resolved through the administrative or judicial review process.

NON-DISCRIMINATION STATEMENT

Discrimination is prohibited in all programs and activities: no one shall be excluded on the basis of race, color, religion, creed, national origin, sex, age, marital status, disabled or Vietnam-era veteran status, or handicap.